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ABSTRACT

This guide was developed to help child welfare professionals design an effective strength-base process for working mutually with kinship families to assess their ability and willingness to provide care for a relative child in their home. The guide, designed for use with an accompanying curriculum, is organized into four parts. Part 1 introduces the guide and describes its use. Part 2 provides an overview of kinship care, its history, and the philosophy of kinship care services in child welfare. This part also discusses the role of assessment in working with kinship families; presents a rationale for using mutuality in kinship assessments; provides information regarding challenges in conducting assessments with kinship families; and offers recommendations for building relationships and providing support to families during assessment. Part 3 describes the process of mutual assessment, including combining family assessment and training, conducting initial meetings, and continuing the assessment in relation to desired outcomes related to: (1) understanding the child welfare service system; (2) supporting healthy development and managing loss; (3) identifying and meeting special needs; (4) providing guidance and discipline; (5) maintaining family connections; (6) connecting children to safe, nurturing, lifelong relationships; and (7) adapting to family change; and (8)getting help finding and using resources. Part 4 delineates the tools and resources from the accompanying curriculum that can be utilized in the kinship assessment process. (KB)

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# Tradition of Caring

## A Guide for Assessing Families for Kinship Care

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ASSESSMENT GUIDE

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ASSESSMENT GUIDE

# A Tradition of Caring

## A Guide for Assessing Families for Kinship Care

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## *Part I. Introduction*

A. Purpose of the Guide

This guide was created to help child welfare professionals design an effective strength-based process for working mutually with kinship families to assess their ability and willingness to provide care for a relative child in their home. Over 2 million children are estimated to be living with relatives in the United States. These are informal arrangements for many families. However, over 150,000 children have been placed with relatives through local and state child welfare agencies.[i] Child welfare agencies have a responsibility to both prepare and assess kinship families for their role in caring for relative children. In addition, the Adoption and Safe Families Act (ASFA), as well as state and local laws, require that agencies provide adequate preparation programs and conduct assessments to ensure that kinship families are able to meet the child's needs.

*A Guide for Assessing Families for Kinship Care* provides a detailed assessment component designed to be used in conjunction with the Child Welfare League of America's curriculum *A Tradition of Caring*. This guide provides information, tools, and resources to assist agencies in developing an effective mutual assessment process that empowers and supports families in their efforts. *A Tradition of Caring* offers a combined program for preparing, assessing, and supporting kinship families for this role. The program is designed to provide information, resources, and support that are critical to the kinship role.

B. Use of the Guide

This guide is to be used as a resource for agencies that wish to develop an effective assessment process that not only meets agency and legal requirements, but also helps and supports kinship families. Because states and agencies vary in their requirements and case practice, an exact process is not defined. However, this guide is intended to inform child welfare professionals who are designing preparation, support, and assessment models related to kinship care. It includes:

- An overview of kinship care, its history, and the philosophy of kinship care services in child welfare.
- A discussion of the role of assessment and its uniqueness in working with kinship families.
- Rationales for using mutuality in kinship assessments
- Information regarding common challenges presented in conducting assessments with kinship families.
- Ways for the agency to build relationships and provide support to kinship families during assessment.
- Suggestions of issues to mutually assess with kinship families.

- Rationales for combining preparation and mutual assessment.
- A description of the process of mutual assessment with kinship families.
- A protocol for the use of resources from *A Tradition of Caring* in mutual assessment with kinship families.

These topics, resources, and tools have been created to both inform and guide child welfare professionals to develop an assessment and preparation process that meets the needs of kinship families and ultimately the children in their care.

The guide is not intended for use as the sole means of training and preparing child welfare staff to conduct family assessments, but rather seeks to address and expand upon the understanding of issues relating specifically to kinship care. Staff developing and implementing kinship assessment, support, and preparation processes must also possess an understanding of general assessment issues including family systems, child development, the impact of trauma on children, and the nature of abuse and neglect. In addition, competence in basic assessment skills is necessary including relationship building, interviewing, information gathering, and decision making. A more thorough understanding of the issues in kinship care will enhance and better prepare the child welfare professional for working with kinship caregivers.

## *Part II. The Role of Assessment in Kinship Care*

### Kinship Care and the Challenge to Case Practice

Child welfare practitioners have debated the best way to respond to the fastest growing population of children in out-of-home care in America—those in kinship care. While agreeing that kinship care plays an essential role in the array of child welfare service options, the system has been challenged regarding how services can best be delivered.

In *Kinship Care: A Natural Bridge,* the CWLA Kinship Care Policy and Practice Committee notes that kinship care reflects the principles of child-centered, family-focused casework practice, and that this is the model of practice advocated as the unifying theme for child welfare services. Service delivery within this context focuses on family strengths, diversity, building a network of services, viewing family members as collaborative partners in service delivery, and working to prevent the unnecessary separation of children from their families. Interventions are provided to help enable the family to care for children and provide the needed connections and continuity that ensure permanence.[ii]

While this view presents a uniform approach to service delivery, practitioners have struggled with its application to kinship care. From questioning whether kinship is a placement service or a family preservation service, to struggling with how to view permanency outcomes in kinship situations, the field practitioners have had to reassess beliefs about what constitutes good practice. Kinship may indeed support the principles of child-centered, family-focused practice. But how this is best done remains a challenge. Nowhere is this challenge greater than when looking at how to work with a family to assess their ability and willingness to care for a relative child.

### History of Assessment and Kinship Care

Families have been providing care for their relative children for centuries. Relative caregiving defines the essence of family—those related by blood love, nurture, and care for one another. Historically, these arrangements were usually informal, initiated and carried out within the family itself. Thus, the concept of an assessment process (or licensing or "approval") is not inherent within the relative caregiving tradition.

During the 1990s, the number of children in need of child welfare services in this country escalated dramatically. This also meant that an increasing number of children needed out-of-home placement, usually meaning foster care. This trend placed increasing pressure upon an already burdened foster care system. At the same time, the field of child welfare was paying growing attention to the critical role of the family in the child's life and acknowledging the child's need for connections and continuity. These factors combined to form an opportune moment for promoting relative caregiving as an option for children within the child welfare system.

In contrast to informal kinship care arrangements, formal kinship care occurs as a result of a determination of the court and the child welfare agency. The child is usually in the custody of the child welfare agency, with kin providing the day-to-day

care, nurturing, and protection for the child. Formal kinship care is linked to state and federal child welfare laws that provide for the care of a child in an approved or licensed home. Families may receive financial assistance through foster care payments, and in return families must participate in an assessment process to ensure the child's safety and well-being in the kinship home.

This assessment process has presented challenges to both agencies and kinship families. Agencies are accustomed to overseeing foster care programs. These formalized programs have established means for working with foster families, including assessment and licensing processes. But kinship care differs from foster care. Notably, families already know the child and indeed may already have experience caring for the child. The use of foster care models with kinship families has not been wholly effective in ensuring that the needs of children are met in kinship homes.

Assessments in these situations must focus on those family issues that are important in kinship care, and on specific supports that kinship caregivers need in order to best meet the child's needs. *Kinship Care: A Natural Bridge* states, "The phenomenon of formal kinship care... has caught many child welfare agencies off guard, with no substantive knowledge base or policy, program, and practice guidelines to assist them in developing and implementing quality kinship care programs."[iii] The authors identify "assessing, monitoring, and supervising" kinship homes as being important policy and practice issues demanding attention.[iv] As such, child welfare agencies have struggled for over a decade to define kinship care and clarify its role as a child welfare service.

Increasingly agencies have begun to view kinship care as a child welfare service that indeed is different from foster care. This has led agencies to institute practice guidelines that maximize the appropriate use of kinship care as a resource for children. While kinship care is emerging as a separate and distinct child welfare program with its own set of practice procedures and guidelines, formal kinship family status remains linked to state and federal child welfare laws, which view kinship as a placement service that must occur within an approved or licensed home. While this could be interpreted as a significant dilemma, it is doubtful that any child welfare agency would wish to abdicate their role in assessing the appropriateness of a family resource for any child for whom the agency maintains legal responsibility.

The reality of kinship care at this time is that it is recognized as a child welfare service, and its practice is at least partially derived from the legal entities that govern foster care. Therefore kinship family assessment, licensing (or approval), and preparation must meet foster care standards. However, this certainly does not conflict with the agency's responsibility to ensure that the home is appropriate for the child and able to meet the child's needs. An effective kinship assessment needs to address the issues of importance in kinship care and the specific supports needed to ensure that the child's needs are met.



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## Unique Characteristics of Kinship Care Assessment

In order to conduct a kinship care assessment, it is important to have an understanding of the issues that make kinship unique and that differentiate the kinship assessment process from that of traditional foster care. These differences profoundly influence the approach and work with kinship families throughout the assessment process.

### Assessment of the Triad Family System

All types of assessments are similar in process—information is gathered, organized, and analyzed, and hypotheses are developed. But assessments may be unique in how the process is structured and focused. In kinship care, the triad family system is the primary source of the assessment. The triad family system includes the child, the birth parents, and the kinship caregivers and other family. Thus, from the start, caseworkers are dealing with a greater level of complexity and focus on intra-familial relationships than an assessment that focuses only on one family.[v]

This complexity is discussed in some depth by Joseph Crumbley and Robert Little in Relatives Raising Children. They note that a shared history is a characteristic that differentiates kinship care from non-relative care, and that "the presence and quality of a shared history between the parent and the kinship caregiver can either positively or negatively influence their relationship. In non-relative placements, the parent and caregiver typically have not had a history with each other prior to the child's placement, nor has the parent usually been involved with the non-relative caregiver's family." They further note that the parent and kinship caregiver are more likely to be involved with each other in the future in kinship placements as compared to non-relative placements.[vi]

It is obvious that these ongoing relationships are a critical part of the assessment process. Will kinship caregivers, parents, and other family members be able to work together to ensure that the child's needs for safety, permanence, and well-being are met? It is easy to appreciate how these relationships contribute to the complexity of the assessment process when considering an issue such as the family's ability to comply with a visiting plan. Foster families with no history and/or limited involvement with the birth parents are far less likely to struggle with this issue than a grandmother whose grandchild has regularly visited her home and with whom she has had an ongoing relationship. In such a situation, the concept of "visiting plans" may not even make sense to the kinship family, and assessing the family's ability and willingness to comply with the plan may require a sophisticated process of discussion, education, and support.

### Child-Specific Focus

Assessment of the triad significantly alters the focus of the assessment. Traditional foster care assessments focus on the prospective family's ability and willingness to meet the needs of a range of potential children who were likely to be placed in family foster care. *In kinship care the specific child is known,* not only to the agency, but in

most situations to the family also. *Thus the focus is not on how the family can meet the needs of a range of different types of children, but rather on how the family can meet the very specific needs of the identified-relative child.* The importance of having a comprehensive understanding of the child's needs is therefore critical, and leads to the *child specific component of kinship assessment* that is not a part of a traditional foster family assessment. This addresses such issues as the child's experiences in the family, and developmental needs from a social, educational, physical, and emotional perspective.

A further differentiation is that *a relationship is likely to exist between the child and kinship caregiver* prior to the assessment. The nature of this relationship is obviously significant, and this too becomes an important part of the child specific assessment. It is often the case that the kinship caregiver has a history of having provided care for the child. It is important to recognize that in these situations, the caregiver may have great difficulty understanding the purpose of the assessment process. The notion of assessing their ability to care for the child, when indeed they have been doing just that for several years, may make the assessment process seem particularly intrusive and bureaucratic.

## Service Provision as a Part of the Assessment Process

The general purpose of assessment is to gather information in order to determine a particular course of action. Family assessments in child welfare usually lead to a sense of the services and supports needed to help the family make necessary changes. A foster family assessment would likely lead to a recommendation regarding the family's ability to provide foster care and the supports they are likely to need in their efforts. Generally, information gathering leads to decision making, which, in turn, leads to service recommendations. However, *in kinship care situations it is recognized that kinship families may require services immediately in order to provide care to the child*, thereby eliminating the need for an interim foster care placement. Thus *service provision is intertwined within the assessment process* to a much greater degree than in foster care assessment.

This is also true because *kinship placements may occur in less predictable ways than would a foster care placement.* Consider that some children may already be living with relatives and others may be receiving part-time care from kin. Agencies may have procedures for placing children with relatives on an emergency basis with very limited assessment/screening, while proceeding with a more comprehensive assessment process if longer-term placement is needed. While children might never be placed with a foster family that was not fully assessed and licensed or approved, kinship care may not always proceed in such an orderly fashion. In fact, informal kinship care networks are often in place prior to the agency's involvement. To ensure stability and continuity, agencies must be prepared to coordinate delivery of services immediately and throughout the assessment process.

Finally, discussion continues regarding whether or not kinship care should even be considered a "placement service." The curriculum *Supporting the Kinship Triad*, published by the Child Welfare League of America, emphasizes that kinship care is

best characterized as a family preservation service. Family preservation models seek to involve the total family and use available supports to resolve problems. Family preservation promotes the importance of family connections and continuity for children.[vii]

*When kinship is conceptualized as a family preservation service, the purpose of the kinship family assessment is broadened.* The agency is assessing how the family can provide the child with connections and continuity. In certain situations, where barriers or concerns related to licensing (or "approval") exist, the agency has a responsibility to work with the kinship family to obtain needed resources and supports to enable them to meet the child's needs.

While foster care programs do provide certain types of help and supports, it is rare to think in terms of service provision to foster families. In kinship care, there is an understanding that the gains children receive from being able to remain within their family, community, and culture are such that every effort should be made to assist and support the kinship family in their efforts. This concept further reinforces the importance of *interweaving service provision into the assessment process.*

Purpose of Kinship Family Assessment

The purpose of kinship family assessment is to assure that kin have the willingness and ability to provide a safe, stable, nurturing home and meet the child's developmental and safety needs. Therefore the kinship family assessment focuses on three major areas:

- The needs of the child.
- The kinship's family's strengths and challenges in meeting the child's needs.
- Specific supports needed to assist or enable the family to meet the child's needs.

In kinship family assessments, the child to be placed with the family is known. Unlike foster care where families are assessed for their ability and willingness to meet a broad range of needs, the kinship family assessment is *child-specific.* The first step in kinship family assessment is to assess the child and his or her developmental, educational, physical, emotional, and mental health needs. Secondly the assessment focuses on *the family's strengths* in meeting those child-specific needs, as well as *barriers and challenges that the family may encounter* as they endeavor to provide for the child's needs. Finally, the assessment seeks to *determine what supports or services could help the family to overcome these barriers* and meet the child's needs.

Factors to Consider in Conducting the Kinship Family Assessment

There are a number of factors that are important to assess for all caregivers of children who have experienced trauma, neglect, and separation. These include the caregivers' expectations of the child and of the caregiving role, their understanding of loss and grieving, their ability to manage difficult behaviors and deal with anger, and

their understanding of and capacity to handle split loyalties. With prospective foster families, adoptive families, or kinship families, these topics are important to address.

These issues may be relevant in all types of placements, yet they may present themselves in different ways. For example, both kinship caregivers and adoptive parents may have fantasies. But the kinship caregiver's fantasy may be the reunification of the child with the parent. An adoptive parent's fantasy may be quite the opposite. Exploring fantasies as part of assessing expectations may be important to both, yet the interpretation and preparation with families would greatly differ.[viii] Thus, assessment workers who are experienced in assessing foster families or adoptive families may need to apply these concepts differently when assessing kinship care families. While there are many issues that could be discussed, three critical concepts will illustrate how application may differ in assessing kinship families.

## Loss

The child welfare community is familiar with the concept of loss and its impact on children and families. Certain loss-related issues are especially relevant to members of the kinship triad.

Relatives who take on the care of their kinship child may experience multiple losses in the process. Many are grandparents and may experience *interruptions in their life cycle.* Instead of retiring or relocating or perhaps taking it easy, they find themselves taking on the job of raising children. This can result in many different losses including *loss of friends and important relationships; loss of dreams; loss of financial security; loss of freedom, free time, space, and even privacy.* The kinship caregiver may also *experience a loss in their change of role*—for example, the role as "grandparent" was likely more satisfying than providing for the day-to-day care and discipline of the child. Finally, given the particular situation, the kinship caregiver may also experience *feelings of loss and sadness related to the changing role with their own child (or brother or sister).* The child's parent may even be angered that the caregiver has stepped in to care for the child. In addition, the *parent is also dealing with separation from the child* and the multitude of losses that this entails, including *loss of role, emotional rewards, relationship, purpose, and even status within the family and community.* Finally, regardless of difficult life experiences, *the child experiences tremendous loss when separated from the parents. Children lose self-esteem and confidence when they experience trauma, neglect, and loss.* In kinship care, *as the caregiver's roles change, the child may have a sense of further loss.*

In the assessment process, it is critical to look not only at the issues of loss for each member of the triad, but how these factors interact and impact upon one another. For example, a grandparent overwhelmed with personal issues of loss may have great difficulty helping the child deal with loss. Crumbley and Little note that kinship caregivers may deny or minimize their losses out of obligation and responsibility to the child, therefore making it easy for assessment workers to overlook these same issues. Yet they caution that to avoid an assessment of loss "places children at risk of

further family disruption and relatives at risk of becoming emotionally, financially, and physically overextended." Crumbley and Little recommend that the following three areas be assessed in relation to loss:

- The degree of pain, hurt, and stress that results from the loss.
- Capabilities and experiences in dealing with loss.
- Projected limits and tolerance for future losses and stressors.

## Redefining Roles and Boundaries

When a child is placed in kinship care, roles will be redefined and boundaries will shift within the triad. These shifts may cause significant tension and conflict among relatives, children, and parents. The kinship caregiver's role changes not only in regard to the child (such as from grandparent to primary caregiver) but also in relationship to the child's parent. Caregivers may feel frustrated or sad that they are no longer able to focus their energy and care on the child's parent, even feeling that they have abandoned the parent in favor of caring for the child. Parents may resent the caregiver's role, especially if the caregiver has additional authority such as determining when and how visits will occur.

Boundaries also shift as roles are redefined. Emotional boundaries may shift as the grandparent becomes closer to the child and moves further from the parent and/or other family members. When safety is a concern, physical boundaries may need to be altered. The kinship caregiver may need to tell the child's parent that he or she can no longer visit the home and be able to enforce this over time.

Children may become confused and have problems adjusting to this multitude of changes. They may resent the caregiver's new disciplinary role. The changes will be even more difficult for the child if the parent attempts to undermine or sabotage this role. The child may also become upset with the parent for seeming to abdicate their caregiving role. Crumbley and Little explain that the child "must learn to relate to the kinship caregiver as parent and to the parent as a supportive relative."[ix] It is easy to see that the child's confusion could intensify if the parent or the caregiver is also having difficulty with shifting roles.

Kinship assessment needs to focus on how the triad reacts to and deals with these changes, and specifically:

- The flexibility of triad members in dealing with change.
- The degree of stress that changing roles and boundaries places on the triad.
- How triad members deal with the resulting stress and tension.

Of particular concern are safety issues that can arise when there is difficulty in maintaining appropriate boundaries. This issue highlights the importance of assessing each member of the triad. If the parent is resistant to the restrictions that are

determined by the agency (or courts) and the kinship caregiver has a history of difficulty enforcing boundaries, it would be logical to consider whether or not the child's need for safety would be met in that placement.

**Split Loyalty**

Split loyalty is one of the most challenging issues for children in family foster care who may feel caught between the parent whom they love and the foster parent providing them with care. Kinship care presents different and in some ways even more challenging issues around split loyalty. Like children in family foster care, children in kinship care are likely to feel caught between the parent and the caregiver. But these feelings may be even more intense because of the family history and existing family relationships.

The more contentious or problematic the relationship between the parent and the caregiver, the more likely the child will feel conflicted. Whereas foster parents generally have no existing relationship with the parent, this is not the case with the kinship caregiver. Family problems may have been developing over several years. A critical piece of assessment is to determine the nature of the relationship between the parent and the kinship caregiver, as well as a history of how the family issues have been dealt with by the family over time. Have the parents and kinship caregivers been able to work out their conflicts without involving the child, or does the child constantly feel torn between the two? To what degree is the child comfortable dealing with this conflict? What has happened in the past when there were issues or problems in the family?

It is unrealistic to think that a child will not feel a sense of conflicted loyalty—the issue is the intensity of the conflict and the degree to which the child has the emotional capacity to handle the feelings. It also matters whether or not the parent and kinship caregiver can work together to help the child deal with the conflict or if their own competitiveness only exacerbates the situation. Families with ongoing conflicts may need intervention to help them deal with the family problems.

Approaching Assessment with the Kinship Family

A belief that that the kinship caregiver is uniquely qualified to care for the child due to the existing family relationship is the basis for pursuing kinship placements. The assessment should be conducted in a way that demonstrates the value that the agency places on the relationship and on the willingness of the kinship family to offer care.

The way that the kinship family assessment is conducted will also set the stage for the future relationship between the caregiver and the agency. Many kinship families approach the agency with fear and distrust. If the assessment is carried out in an authoritative, intrusive manner, the caregiver's fears and preconceptions will be reinforced. If the assessment is a "one way" process where the worker asks the questions and the caregiver is expected to supply the answers, the caregiver will understandably view the process as intimidating and intrusive. In contrast, a mutual, competency-based assessment sets a tone that will encourage the caregiver to trust the

agency and work cooperatively as a team member. A strengths-based mutual family assessment is done *with*, not *to*, a kinship family.

## The Three Key Characteristics of the Kinship Assessment Model

1. The context of the assessment is the kinship triad and the extended kinship family.

   When children are placed with relatives due to child maltreatment or neglect, conducting an accurate and comprehensive assessment that includes all members of the triad family system is critical to providing strategic and effective services. The kinship family, the birth parents, and the child comprise the kinship triad. The members of the triad have a long history of relating to one another. The assessment in a kinship situation can be very complex because it deals with a number of different relationships, feelings, needs, and behaviors, that will affect the ability of the caregiver to meet the five outcomes desired from kinship care.

   Understanding the triad relationship is particularly relevant to understanding whether the kinship family will be able to support relationships between the child and the birth family, address the child's developmental needs related to loss, and work cooperatively with the agency toward a goal of reunification.

   The worker and the kinship caregiver also will want to assess the extended family network and whether it will be a source of support.

2. The assessment is mutual.

   This means that the agency is not unilaterally assessing the family, but instead is asking the family to engage in a process of information-sharing to assess whether the proposed plan (to have the child live or remain with the kinship family) will meet the needs of the child and the kinship family.

   The assessment process in many agencies is not mutual. This is often because the agency mistakenly believes that it needs to take an authoritarian stance in order to meet its responsibility to protect the child. However, when the agency is clear in the beginning about the criteria it will use to make decisions and clarifies that it holds the ultimate responsibility to make that decision, the process can be conducted in a way that promotes mutuality but does not compromise the agency's ability to deny approval to a family that cannot meet the child's needs.

   The most important foundation for a mutual process is the attitude of the worker. The worker can set the tone for the mutual assessment by:

   - Demonstrating respect for the kinship caregivers, their relationship with the child, and their cultural, linguistic, and religious values.
   - Listening and showing interest and attentiveness.
   - Being non-judgmental.

- Being honest about the process and discussing concerns in a straightforward manner.

Integrating the assessment with training reinforces mutuality by communicating that the agency wants the kinship family to be fully informed in order to make the important decisions that will be required regarding the child's future. The assessment also utilizes resources that the caregiver has generated as part of the group training process. These resources have been used in *A Tradition of Caring* meetings to facilitate the caregiver's self-assessment, and now they are used to promote a mutual discussion of issues relevant to the assessment.

The worker should also use language that connotes mutuality when asking questions, for example:

- *I was wondering if you could help me understand the child's connections and attachments so that we can make the best plan for continuing them?*
- *Could we look together at the family history to help us both understand what it means for you and the child today?*
- *Tell me what you know about the child's history and I'll tell you what I know so that we both get a good understanding of his or her needs.*

3. The assessment is strengths-based and focused on the five desired kinship outcomes.

Despite a stated commitment to strength-based practice, many agencies fall short of this goal when they are conducting family resource assessments. Too often assessments focus on identifying problems, issues, and concerns that tend to "rule out" rather than "invite in." Many family assessments identify deficits while doing nothing to address needs. This is particularly unfortunate with kinship care because the many strengths, such as extended family support, attachments, stability, and commitment, are lost when a family is denied based on criteria not directly relevant to their ability to provide adequate care.

In this model, the assessment is focused on the caregiver's strengths and needs related to the five desired outcomes of kinship care. When needs are identified, the worker and the caregiver mutually assess whether they can be addressed through services and supports available through the agency or in the community or through the support of the extended kinship family network.

Because caregivers are familiar with the five desired outcomes through the group meetings, they are well informed about the criteria the agency will be using to make a decision. During assessment meetings, the worker should help the caregiver understand how all the questions that are asked relate to the outcomes. Because caregivers understand how questions relate to the well-being of the child, they are more likely to engage openly and honestly and less likely to feel that the assessment process is unnecessarily intrusive and intimidating.

## *Part III. The Process of Kinship Family Assessment*

A. Combining Family Assessment and Training

Ideally, workers conducting the assessment should participate in *A Tradition of Caring* group meetings. Workers then have the opportunity to spend many hours with kinship caregivers and to see them in the context of the group situation, which may be more comfortable and provide a different view to assist in the assessment process. If workers do not participate in the training, they should ensure that they are familiar with the curriculum so that they can use the tools effectively and be able to discuss what the caregivers are learning in a well-informed manner. When the assessment worker is not able to attend the group meetings, input from *A Tradition of Caring* facilitators regarding issues presented during the group process is essential to the assessment process.

B. Conducting Initial Meetings

The assessment process should consist of several meetings with the caregiver and family members. In cases where the child is already in the home, the agency will probably be familiar with the family through the initial assessment. The next assessment that will be conducted will be a more in-depth look at the ability of the caregivers to meet the long-term needs of the child and support the permanency goals. If the child is not living in the home, the worker should meet with the family at least once to discuss the family's interest in and capacity to care for the child.

In either case the worker will want to have an initial meeting with the caregiver in the home to accomplish three things:

- Beginning to establish trust as the foundation for a successful mutual assessment process.
- Providing information about the assessment process.
- Completing an initial screening to determine whether there is anything that will automatically rule the family out, such as a criminal history or housing that will not meet agency standards, if this has not already been done.

The following is a sample of information that can be provided at an initial meeting:

*In our meetings, I want to talk together about whether you feel willing and able to take on this caregiving responsibility now and in the future, and what supports you will need to do the job. The agency has an important responsibility to make decisions about the child's future. You also are making some very important decisions about what you think will be best for the child and for your family. Because our agency values your relationship, knowledge, and commitment to the child, we will try to openly and honestly share information, and we hope you will too, so that we can arrive at the best possible decision.*

*When our agency thinks about kinship care, we have five desired outcomes:*

- *The child will be protected and nurtured.*
- *The child's developmental needs will be met and any delays will be addressed.*
- *The child will maintain connections to important people from his or her birth family.*
- *The child will have lifelong connections to a family.*
- *The child's caregivers will be able to work with the agency and with community resources so that the services and supports he or she needs are provided.*

*These are the criteria we use when we make decisions about a plan for children in our custody. You will be hearing more about these outcomes in the group meetings you will be attending. During the course of our time together, I would like us to look at these together and identify the strengths you have to provide care for the child, and any needs you have so that we can make a plan to address them.*

*Our agency believes that the group meetings are a very important part of the process because they provide you with the information and support you will need to make a decision for yourself. During these meetings you will be completing action plans and other resources that we can use in our discussions.*

*We also have some requirements that caregivers have to meet in order to care for children in our custody, such as housing standards and criminal record reports. I want to go over those with you today and begin getting information so that we both know if you qualify before you begin the group meetings.*

C. Continuing the Mutual Assessment

All family members who reside in the home should be included in the mutual family assessment process. In two-parent families, primary caregivers are generally involved together in joint meetings. This is efficient and effective, as it provides the worker with a view of the couple's interaction. Some agencies require individual meetings and in some cases, individual meetings may be needed because contradictions or issues of concern arise that cannot be clarified in a joint meeting.

An adult living with the family who is not expected to be a primary caregiver should be included in at least one joint meeting with family. All children currently living in the home are also included. How they are involved will depend on their ages and abilities. The worker and the caregiver should negotiate the process of involving the children.

The number of meetings required to complete an assessment will vary depending on the number of family members and the complexity of the issues that are identified. It is helpful to conduct meetings while the family is participating in training, so that the concepts are fresh and the worker can "check in" with the family regarding their reactions to the new things they are learning.

D. Considering Information Related to the Desired Outcomes

The following is a suggested sequence for discussions with the family that will allow the worker and the caregiver to focus on the caregiver's strengths and needs related to the five desired kinship outcomes and integrate the resources that the family has completed in the training. Suggestions are made about questions that can be used to expand the discussion of resources and interactive tools used in the assessment. Workers should not view this as a list of questions that must be asked of every caregiver, but rather examples of questions that can be used if they are relevant. Workers should remember that the purpose is to engage in a mutual dialogue. Be sure to listen carefully, and allow the caregiver an opportunity to ask questions as well.

**Motivation**

In the introductory session of *A Tradition of Caring*, participants are asked to complete "**This is My Caring Story**" (Resource 1-5.) This is also a good beginning for the assessment. The assessment worker can use this resource to review with the kinship family their understanding of how the child came to be in need of kinship care and how they came to be interested in providing care.

The worker can initiate further discussion as follows:

- *Tell me about yourself and your family.*
- *Tell me about the child for whom you are caring (wish to care for) and the history of your relationship with that child.*
- *Tell about the situation that led to the child needing care outside of his or her family.*
- *Within your extended family, who was available to care for the child?*
- *How did you happen to be the one who offered to provide care?*
- *Why did you offer to care for the child?*

Joseph Crumbley and Robert Little note that kinship families have a variety of motivations in assuming care of children in their extended family. Relatives may be motivated by:

- A sense of loyalty to the family, the parent or the child. They may express the conviction that "families should take care of their own."
- A strong attachment to the child. Some caregivers may have already assumed the role of primary or secondary caretaker at points in the child's life.
- Duty or obligation. These caregivers may feel trapped and even resentful.
- Guilt about the way they raised their own children or their role in the situation that led to the child's needing placement.
- A desire to rescue the child from abuse, neglect, or being raised in the foster care system.
- Anger with the parent or the agency.

The kinship family's motivation is important because it may affect their ability to achieve the outcomes. In gathering information, the kinship worker will begin to form nonjudgmental hypotheses about the kinship family's motivation. Because the assessment is mutual, these hypotheses should be shared with the kinship family, who should then be allowed to comment on their accuracy.

*It seems to me you are saying that you had an attachment to the child because you had been close to him when he was a baby and you felt some guilt that you hadn't been able to help your sister since you moved away. Do I have that right?*

## The Kinship Family's Social History

The assessment worker will want to know more about the dynamics of the kinship caregiver's family, including the caregiver's own history and background, history with the child's parents, and the caregiver's relationship with the child.

Creating a genogram with the family provides an opportunity to discuss these subjects. A genogram is a graphic representation of the family through time and a map of the people who are part of the family system. The genogram is particularly useful with kinship families because it helps organize information about often complex family relationships.

Begin by explaining the purpose of the genogram:

*I'd like to create a genogram with you. Since the child is part of an extended family, it is helpful to understand where he fits in. It will also be helpful for us to look together at your experiences in the family in which you grew up, your life experiences as an adult, and your experience as a parent to your own children, and talk about how you think that will affect the way you might parent this child.*

Begin with the kinship family and any biological or adopted children they have, including children living away from home. Then ask the caregivers to describe the families in which they grew up. As the kinship caregivers identify the family members, draw them on the family map and write in their names, dates of birth, death, marriage, divorce and other relevant information. Review the initial genogram with the family and begin to expand the information collected. Add important family members like cousins and aunts, or non-related people who are considered "family." This foundation leads to an exploration of family dynamics.

Some issues that can be discussed in the context of the genogram are:

*What kind of childhood did you experience?*

*What was your experience of being protected and nurtured and having your developmental needs met?*

*What adult or adults were responsible for meeting these needs?*

*Who were the people in your family and extended family to whom you felt attached? What kind of relationship did you have with these people?*

*What was your experience with loss of important people or other losses growing up?*

*Did your childhood provide you with a sense of continuity and lifetime connections?*

*What kind of discipline did you experience growing up?*

*What were the cultural and religious values of your family?*

*What were the attitudes, values, and experiences of your family regarding drinking and substance use?*

*What were the attitudes, values, and experiences of your family regarding settling conflicts and the use of power and control?*

*What were the attitudes, values and experiences of your family regarding education?*

*What is your history of leaving home and establishing yourself as an adult? (When did you complete your schooling? When did you leave home? Why did you leave home? Where did you go? What did you do? What is your employment history?)*

*Tell me about your own family today.*

*What are the values and attitudes about drinking and substance use in your family now? Has this changed over the years?*

*How do you settle conflicts in your family now?*

*How do family members meet each other's needs?*

*How did you (do you) protect and nurture your own children?*

*How did you (do you) meet your children's developmental needs?*

*How did you (do you) discipline your children?*

*Have your children suffered the loss of people to whom they were attached, or other losses?*

Developing a genogram and discussing it with the family can provide all of the information about the family's social history that is usually included in the family assessment. It has the advantage of being an interactive tool that allows families to tell their own story, reducing the need for questions that seem intrusive and intimidating.

## Protecting and Nurturing Children

Protecting means keeping children safe from physical and emotional harm, and nurturing means providing them with the care and support that will promote support their physical, emotional, and spiritual well being.

Kinship care often has the advantage of positive attachments that have already developed between the child and the kinship family. In foster care, the assessment worker is trying to predict how well the potential foster parent will be able to parent a child who is as yet unknown. In the case of kinship care, the child's history and needs are known and in many cases, the kinship caregiver has substantial history caring for the child. This provides an opportunity to assess their abilities based on real life history rather than speculation.

Kinship caregivers are likely to understand the child's need for protection because they are aware of the situation that led to the child needing placement away from the family. On the other hand, the kinship family has come to the attention of the child welfare agency because of abuse, neglect, or substance abuse and the family dynamics that may have contributed to these problems need to be carefully assessed to determine if they are present in the kinship family as well.

Challenges might arise when the kinship caregiver's relationship with the child's biological family makes it difficult for them to acknowledge that abuse or neglect occurred. This can in turn make it difficult for the caregivers to set appropriate limits that are needed to keep the child safe.

Typically, licensing requirements such as regulations about housing standards and criminal records are related to the agency's concerns about providing protection and care for children. The worker and the caregiver will need to discuss whether the kinship family has adequate housing and financial resources to provide for the child's

basic needs on an ongoing basis and whether age or health is a barrier to providing care now or is likely to be in the future.

In the introductory meeting of *A Tradition of Caring,* the caregiver is asked to complete the "**Self Assessment and the Five Desired Outcomes**," (Resource 1-6), which can be used to initiate discussion of the family's ability to protect and nurture the child.

The Initial Self Assessment asks the caregiver to comment on his or her ability to:

- Comfort, nurture, and help the child feel safe.
- Set limits on the parent's access to the child if there are concerns.
- Avoid problems with drugs, alcohol, physical violence, and criminal activity in the household.

Questions that may help the worker and the caregiver make a decision about whether the caregiver can protect and nurture the child are:

- *What does nurturing mean to you?*
- *What experience have you had nurturing children?*
- *How did you nurture your own children?*
- *Did your children require the same kind of nurturing, or were there differences? What were they?*
- *What kind of needs does this child have that require care and nurturing beyond the needs typical of most children?*
- *What are some of the things you would do to nurture this child?*
- *(In a two parent family) Who will be the primary person to nurture this child, or will you share the responsibility? What will each of you do?*
- *Are there members of the extended family who will help with things like respite and child care?*
- *What are some experiences the child has had that might make him feel unsafe?*
- *How would you comfort the child and make him feel safe?*
- *How would you describe the relationship between the child and the birth parents?*

- *What concerns do you have about the parents having access to the child?*

- *What are some of the concerns you have about setting limits with the parents?*

- *Describe a situation that you think might occur with the birth parent that would be difficult for you or the child. What would you do or say in this situation?*

- *Do any household members use drugs or alcohol? If so, what is the pattern of use? What kinds of behavior are typical when the person drinks or uses drugs?*

- *Do any household members have problems with violence, mental illness, or other behaviors that concern you?*

- *Have any household members had a history of criminal behavior?*

- *Have any household members had problems with any of these issues in the past? If so, did they overcome the problems, and what is the situation now?*

**Resource 2: Caring in Action: Safety, Permanence, and Well-Being** from the session "Understanding the Child Welfare Service System" can also be used as a focus for discussion of the caregivers' ability to provide safety and nurturing. The following questions can be asked to promote discussion:

- *What do you see as the needs of the child for age-appropriate supervision?*

- *What are some of the challenges you may have in providing this supervision?*

- *What supports will you need?*

- *Will other members of the extended family be able to help you?*

- *What do you know about the child's development or educational history so far?*

- *What was school like for your own children?*

- *What did you do to help your children in school?*

- *What are some of the things you will do to support the child educationally?*

- *How would you describe the child's self-esteem or self-concept? What does this child think of himself?*
- *How did you help your own children build positive self-esteem?*
- *What will you do to address this child's problems with self-esteem?*

**Meeting Developmental Needs and Addressing Developmental Delays**

With new foster parents, the family development specialist is working to mutually assess the family's ability to nurture a typical child in the system. In the case of kinship caregivers, the fact that the child is known is a great advantage. In the assessment process, kinship caregivers and assessment workers have the opportunity to share knowledge about the child in an effort to mutually explore how to meet the child's needs. In many cases, the kinship caregiver will have been able to watch the child grow and develop and will have substantial knowledge of the child that will help the worker plan for needed supports and services. In other cases, the kinship caregiver may be coming forward due to a family relationship but may not have close personal relationships or knowledge of the child due to geographic distance or other factors. These caregivers will require specific information about the child from the kinship workers in order to determine if they can meet developmental needs.

Kinship caregivers will experience all of the challenges of caring for children who have been abused and neglected and who are separated from their families. Like new foster families, kinship families may have difficulty understanding and tolerating the behavioral problems that result from histories of abuse and neglect. Workers can support the mutual assessment process by sharing information from their experience with other children who have been abused, neglected, or separated from their families.

In some cases, the kinship caregiver will be challenged by age or health problems and may have not have the energy required to meet the child's needs. Caregivers may lack financial resources, insurance, or transportation that is required to attend to the child's needs and keep appointments.

Kinship families may also experience difficulty understanding children's needs related to generational differences. Many grandparents lament that children have changed and that social influences on today's children make them more difficult to raise. Caregivers who reared their own children may put too much faith in the methods that worked before and become frustrated when the methods don't work.

Several resources from *A Tradition of Caring* meeting "Supporting Healthy Development and Managing Loss" can be used in assessing this outcome. To promote a discussion of the child's needs, the worker can begin with the Resource titled, **Jigsaw Puzzle for My Child**, which asks the caregiver to evaluate the child's level of development in six areas. These questions can be used to promote further discussion:

- *What do you view as the most important factors that affected the child's development?*
- *What experiences do you think had the most important effect on the child's ability to attach?*
- *What did you think the child's level of development was in the following areas: physical age; emotional age; cultural or ethnic age; intellectual age; school age; and life experiences?*
- *How do you think these delays or advancements affect the child?*
- *What do you plan to do to help the child?*
- *What kind of services or supports do you think are needed to support healthy development of the child and address any delays?*

**The Loss History Chart** asks the kinship family to identify the losses that the child has experienced. Some questions that can be used to discuss these losses are:

- *What losses has the child experienced?*
- *What are the effects of these losses?*
- *How has the child moved through the grief process? What stages have you seen?*
- *What stage of grief do you think the child is in at this time?*
- *What support can you give the child in this stage of the grieving process?*

The worker may also want to ask the caregivers to complete a loss history chart of their own. The following questions could be used to promote discussion:

- *What are the major losses you have experienced in your life?*
- *How did you move through the grief process?*
- *What or who helped you?*
- *What did you learn from your experiences that will help you support this child?*

The worker and the caregiver can also discuss "**Caring in Action: Identifying and Linking Circles of Support**" (Resource 3-11), which asks the caregiver to identify a goal for addressing the child's needs related to developmental delays or losses and a plan for identifying supports to help. The worker can ask:

- *What do you see as the child's most important needs related to development or loss?*

- *What resources do you think could help?*

- *What plan can we make to access these resources?*

The group meeting entitled "Identifying and Meeting Special Needs" is about the effects of maltreatment, particularly on behavior. The worker and caregiver can explore the child's behavioral issues using "**Looking at the Children in My Care**" (Resource 4-7). The worker can expand the discussion of this resource with the following questions:

- *What stress, distress, or trauma has the child experienced?*

- *How have these experiences affected attachment, behavior, self-esteem, relationships with peers, and schoolwork?*

- *Is the child an externalize or an Internalizer?*

- *What specific behaviors have you seen that led you to this conclusion?*

- *What is your reaction to the child's behaviors? How does it make you feel?*

- *What effect do the child's behaviors have on your relationship with the child? What effect do they have on your family life?*

The group meeting entitled "Providing Guidance and Discipline" focuses on discipline. The following questions can be used to discuss the caregiver's attitude and values about discipline:

- *What types of discipline were you familiar with before participating in the group meetings?*

- *What kinds of discipline did you experience as a child?*

- *What kind of discipline did you use with your own children?*

- *Have your attitudes and beliefs about discipline changed over the years? How?*

- *What brought about the changes in your attitude?*

- *What new disciplinary techniques did you learn in the group meetings?*

- *Why might some of the disciplinary techniques you used with other children not be effective with this child?*
- *Which ones do you think you will try?*
- *What types of discipline has the child experienced?*
- *How has the child responded to the discipline? What types of discipline have had good results? What hasn't worked?*
- *What are the child's behaviors that you feel need to be changed?*
- *What types of things have you done to try to change the behavior? What do you think you will try?*

**Maintaining Family Connections**

Maintaining family connections means being able to support all the child's important connections to birth parents, siblings, and extended family. The kinship caregiver may need to support visitation by being positive and giving the child permission to enjoy visits, or may need to provide more tangible support such as transportation or supervision of visitation. In some cases, the child will not have direct contact with family members, and the kinship caregiver will be called upon to support connections by talking to the child about the family, creating a lifebook, and keeping positive memories alive.

Kinship care by definition means that the child will be connected to the extended family. This applies to both maternal and paternal sides of the family. The kinship caregivers are related to the birthparents and usually know the birthparents, extended family, and family history.

The kinship caregiver may be challenged by anger at one or both birth parents or other family members who contributed to or did not help with the problem. Kinship caregivers may also find that it is easier to maintain connections with their side of the family and more difficult to maintain connections with the extended family to whom they are not related. The kinship caregiver may find it difficult to maintain cultural connections if they do not share the culture or ethnicity of the biological parent who is not related to them.

Visitation is one of the most important ways that children maintain connections with their families while out of the home. The caregiver may have difficulty with the fact that the agency and the court determine the visitation schedule. They may disagree with the schedule, feeling it is too much or too little. They may also be pressured by family members to agree to visitation not approved by the agency.

During the course of the group meetings, the participants are asked to do a great deal of self-assessment about the relationship they have with the child's parents. The meeting entitled "Maintaining Family Connections," in particular, focuses on the triad

relationship. The kinship worker can use "**My Child's Family Circles**," (Resource 6-3) which asks the caregiver to identify the child's family connections, and "**Understanding My Child's Family Circles**" (Resource 6-4), which asks the caregiver to identify strong connections, connections that need to be strengthened, and to discuss the triad relationship. "**Caring in Action, Part I**" (Resource 6-5) asks the kinship caregiver to develop a plan for strengthening a connection between the child and an important person. The following questions can be asked to expand this discussion:

- *How strong is the attachment between the child and his or her parents?*
- *What are some of the positive things that the parents can offer the child?*
- *What are some of your concerns or fears about the connection with the parent?*
- *What are the other connections that are important to the child? What are the potential benefits for the child from these connections? What fears or concerns do you have about them?*
- *What are the barriers to keeping and strengthening the connections that are important to the child?*
- *What is your plan for strengthening any connections that are currently weak?*
- *What is the current visitation schedule with the parents?*
- *In your opinion, does the visitation plan meet the child's needs?*
- *What do you see as your role in supporting visits?*
- *Do you anticipate any problems with visits, such as negative reactions from the child or problems with the parents?*
- *What would you say or do if these problems occurred?*
- *What supports will you need to handle visitation?*

"**My Family Circles**," (Resource 6-6) asks caregivers to identify their own significant connections and comment on whether any connections have changed since assuming care of the child.

Using this as a basis for discussion, the worker can explore the relationship between the caregiver and the biological parent with questions such as the following:

- *Where does the birth parent fit in your family circle?*

- *How would you describe your relationship with the birth parent?*
- *Has it always been this way? What was the relationship like when the birth parent was a child?*
- *What happens when you and the birth parent are angry with each other?*
- *What is the worst your relationship has been?*
- *What is the best your relationship has been?*
- *How will your feelings affect your ability to support connections between the child and the birth parent?*

## Connecting Children to Lifelong Relationships

Being able to support the child's connection to safe, nurturing lifelong relationships means that the kinship caregiver can either support reunification, make a long term commitment, or support the child's placement in another family that is committed to a permanent relationship with the child.

Kinship, by definition, can provide a child with a strong sense of permanence because it meets the child's needs for connections and continuity.

Kinship care may challenge traditional permanency planning. For example, a kinship family may choose not to adopt, but may still be able to provide the child with the greatest sense of permanence. However, some kin who are willing to provide temporary care may not feel willing or able to provide long-term or permanent care. Assuming the role of primary caregiver may feel like "giving up" on the parents, and the kinship caregiver may feel guilty about usurping the role. The caregiver may also be reluctant to change roles in relationship to the child, for example from being a grandmother to being a primary parent.

In the group meeting entitled "Connecting Children to Safe, Nurturing, Lifelong Relationships," caregivers learn that permanence is based on providing the child with feelings of safety, belonging, security, and continuity of connections. The worker can discuss the questions on "**The Permanency Needs of the Child in My Care**," (Resource 7-5) to explore the issues of the child's sense of permanence:

- *Where do you think the child feels safe?*
- *Where does the child feel he really belongs?*
- *Do you think that the child feels loyalty conflicts? What makes you think so?*
- *Where does the child believe that he will grow up?*

- *What makes the child feel insecure?*

- *What connections has the child lost?*

"**Meeting the Permanency Needs of the Child in My Care**" (Resource 7-6) asks the caregiver to consider how to meet the child's needs for safety, belonging, security, and keeping connections. To expand the discussion, the worker can ask:

- *What are some things that might help the child feel more safe, have a stronger sense of belonging, feel more secure and keep their important connections?*

- *What kind of a plan can we develop to try to meet those needs?*

"**My Child's Permanency Plan**" (Resource 7-8) asks caregivers about their reactions to the child's permanent plan. The worker can expand discussion of the resource by asking the following questions:

- *Do you have any concerns about the plan for reunification? What are they?*

- *Do you think that the parents will be able to solve their problems so that the family can be reunified? Why or why not?*

- *How will you and other family members feel if the child leaves your home to be reunited with the family?*

- *If the child cannot return home, will you be able to provide a permanent home? If the child will be growing up in your family, what do you think the best legal arrangement would be?*

- *If you become the permanent caregiver, how will you help the child maintain important connections?*

- *If you cannot provide a permanent home, where do you think the child should grow up?*

- *What alternative plans do you have if you become unable to care for the child at a later time?*

- *What is the child's understanding of how he came to be separated from his family?*

- *How do you plan to help the child understand his history?*

"**Caring in Action: Working With Others to Make the Best Permanent Plan**" (Resource 7-9) can be used to help the caregiver find a way to have input into determining the permanent plan. The worker can ask:

- *What do you think the permanent plan should be?*
- *What changes need to occur for this plan to be implemented?*
- *How can we ensure that you have input into the planning?*

**Working with the Child Welfare Agency and the Community to Ensure that the Child's Needs are Met**

Working with the child welfare agency and the community means working cooperatively with the agency, schools, and medical and mental health providers to obtain services and supports.

Kinship caregivers are often good advocates because of their commitment to the child and their knowledge of the child's needs. However, kinship caregivers can be challenged when age, health, or lack of other resources such as transportation make it difficult to gain access to services. They may also be reluctant to seek help because of family values of self-sufficiency or because they are more comfortable in the role of helping than seeking help. Caregivers may also resent the custodial role of the agency and its authority to make decisions about their family life, especially when they have been providing care before the agency became involved.

The group meeting entitled "The Kinship Experience: Family Change" looks at the sources of support within the caregiver's social network. The "**Social Network Map**" (Resource 8-4) asks caregivers to create a social network map for themselves that identifies people outside the caregiver's nuclear family who interact with the caregiver. The "**Child's Social Network Map**," (Resource 8-5) asks about the people, supports, and services to which the child is connected.

Workers can expand their understanding of the caregiver's network of support by creating an ecomap. The ecomap is an interactive tool that graphically represents the kinship family's relationships to systems outside their own family. The completed ecomap can be used to identify sources of stress and sources of support for the family.

The ecomap consists of an inner circle that encloses symbols representing members of the household, and names written outside the circle that identify people and systems that the family interacts with and relies on for support and services.

The worker and caregiver can begin by adding the social network of the kinship family with the child's social network to the ecomap. Once this basic ecomap information is depicted, other systems that are connections for the family, such as work, health care, day care, school, church, recreational activities, volunteer activities can be added. Be sure to add connections related to the family's involvement with the child welfare system such as the court, the child welfare agency, workers, probation officers, lawyers, and others. Also add services and supports for the child, such as school, mental health services, early intervention, and medical services.

Now ask the caregiver to draw lines connecting the family members to the people and systems using bold lines to describe strong connections, dotted lines to describe

weaker connections, and slashed lines indicate conflicted relationships. Use arrows to indicate the flow of energy and support either toward or away from the kinship family.

The worker can begin discussion by asking:

- *What is your reaction to looking at the ecomap in general?*
- *Have the number of connections increased since you assumed care?*
- *What has been the effect on you and your family by this increase in connections?*
- *What is your reaction to the connections you have with the child welfare agency?*
- *Which connections with people or systems have changed since you assumed care?*
- *What is the effect of these changes on you and the rest of your family?*
- *Looking at the people in your family system, which ones will be connected to the child?*
- *Which ones can support you in providing care?*

The worker can refer to Resource 7-3, "**Life Changes in the Kinship Triad**" to expand discussion of the ecomap. This resource asks the caregiver to reflect on how things have changed since assuming care. The worker can use the following questions to promote discussion:

- *Thinking back before you assumed care of the child, what would this ecomap have looked like then?*
- *How has becoming a kinship caregiver affected your leisure time, your relationship with your adult children or spouse, your finances or work?*
- *What plans did you have for the future before assuming care?*
- *How did assuming care of the child affect your future plans?*
- *Overall, what have been the benefits for you of assuming care?*
- *What changes do you think have been negative ones for you?*

In the group meeting "**Finding and Using Resources**," the resource of the same name (Resource 9-10) asks caregivers to identify help they need and develop action

steps to get it. This resource can be used to discuss a plan for getting needed supports and services:

- *Looking at your ecomap, what supports and services related to the child do you need that are not available to you now?*
- *What plan can be made to get the supports and services that the child needs?*
- *Looking at the energy and support flowing into your family versus out of your family, is there a balance that is healthy for you and other family members?*
- *If not, what can be done to create a better balance?*
- *What plan can we develop to reduce the stresses on you that have resulted from assuming care?*

E. Completing the Assessment

When the assessment is completed, the worker should share the outcome with the caregiver. A good way to do this is to refer back to the "**Self Assessment and the Five Desired Outcomes**" (Resource 1-6) that the caregiver completed in the first meeting.

*We have spent a lot of time talking about your family and how we can ensure that kinship care will result in good outcomes for the child. I'd like to review the initial assessment you did when you started the program and discuss the strengths and needs that I see for each of the five outcomes.*

The worker can share the assessment, ask for the caregiver's assessment, and share the final decision with the caregiver.

An assessment conducted in this way will set the tone for all later interactions with the family. During this assessment, caregivers have experienced respect and have been treated as equal partners in making decisions for the child. Kinship caregivers who experience this type of assessment process will be more likely to be cooperative partners with the agency to ensure the best future for the child.

## *Part IV. Resources to Use in Assessment*

The following are tools and resources from *A Tradition of Caring* that can be utilized in the kinship assessment process. The use of these resources was discussed in *Part III: The Process of Kinship Family Assessment*. All of these resources may be used, or specific resources may be selected to support an agency's format for conducting assessments. Other resources from the training program may also be helpful to the assessment process when there is a specific identified need. (For example, if a kinship parent identifies the need to learn more about child development, the assessment worker may wish to review the child development resources from the meeting "Supporting Healthy Development and Managing Loss.")

**A Tradition of Caring: Introductory Meeting**

Resource 5: This Is My Caring Story

Resource 6: Self Assessment and the Five Desired Outcomes

**Understanding the Child Welfare Service System**

Resource 9: Caring in Action: Safety, Permanence, and Well-Being

**Supporting Healthy Development and Managing Loss**

Resource 6: Jigsaw Puzzle for My Child

Resource 9: Loss History Chart

Resource 11: Caring in Action: Identifying and Linking Circles of Support

**Identifying and Meeting Special Needs**

Resource 7: Looking at the Children in My Care

Resource 10: Special Caring Parenting Plan

**Providing Guidance and Discipline**

**Maintaining Family Connections**

Resource 3: My Child's Family Circles

Resource 4: Understanding My Child's Family Circles

Resource 5: Caring in Action Plan, Part I

Resource 6: My Family Circles

**Connecting Children to Safe, Nurturing, Lifelong Relationships**

Resource 5: The Permanency Needs of the Child in My Care

Resource 6: Meeting the Permanency Needs of the Child in My Care

Resource 8: Caring in Action: The Permanent Plan for the Child in My Care

Resource 9: Working with Others to Make the Best Permanent Plan

**The Kinship Experience: Family Change**

Resource 3: Life Changes in the Kinship Triad

Resource 4: The Social Network Map

Resource 5: The Child's Social Network Map

Resource 6: Caring in Action Plan

**Getting Help Finding and Using Resources**

Resource 10: Finding and Using Resources: What I Can Do and Help I Need

## *Endnotes*

[i] U.S. Department of Health and Human Services, Division of Children and Youth Policy. (July 1997). *Informal and formal kinship care. Volume 1 Narrative Reports*. pp. iii, 2-3.
[ii] *Kinship Care: A Natural Bridge*. (1994) Washington, DC: Child Welfare League of America. pp. 12-13.
[iii] Ibid. p. 4.
[iv] Ibid. p. 5.
[v] Jackson, S., & Mathews, J. L. (1999). *Supporting the Kinship Triad*. Washington, DC: Child Welfare League of America. p. 59
[vi] Crumble, J., & Little, R. (1997). *Relatives Raising Children*. Washington, DC: Child Welfare League of America. pp. 3-4.
[vii] *Supporting the Kinship Triad*, pp. 23-24
[viii] *Relatives Raising Children*. pp. 6-7.
[ix] Ibid.

*A Tradition of Caring* is a nine-module program designed to provide information and support to kinship caregivers. This curriculum can be used by public child welfare agencies to meet training requirements for kinship caregivers who are licensed as foster care providers, and also by agencies that serve kinship caregivers who do not have a formal relationship with a child welfare agency.

*A Tradition of Caring* uses a unique facilation model that builds on existing strengths of participants and encourages them to apply information discussed during the sessions to their daily lives.

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